

## **APPLICATION DATA SHEET**

### **Application Information**

**Application Number::**

**Filing Date::** August 25, 2003

**Application Type::** Continuation-in-part

**Subject Matter::** Utility

**Suggested Classification::** 600

**Suggested Group Art Unit::** 3737

**CD-ROM or CD-R?::**

**Number of CD Disks::**

**Number of Copies of CDs::**

**Sequence Submission?::**

**Computer Readable Form  
(CFR)?::**

**Number of Copies of CFR::**

**Title::** ECHOGENIC COATINGS WITH OVERCOAT

**Attorney Docket Number::** 32286-192289

**Request for Early Publication?::**

**Request for Non-Publication?::**

**Suggested Drawing Figure::** 1B

**Total Drawing Sheets::** 4

**Small Entity?::**

**Latin Name::**

**Variety Denomination Name::**

**Petition Included?::**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.::**

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship::</b>	US
<b>Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Michael
<b>Middle Name::</b>	R.
<b>Family Name::</b>	VIOLANTE
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Pittsford
<b>State or Province of Residence::</b>	NY
<b>Country of Residence::</b>	US
<b>Street of Mailing Address::</b>	15 Cedarwood Circle
<b>City of Mailing Address::</b>	Pittsford
<b>State or Province of Mailing Address::</b>	NY
<b>Country of Mailing Address::</b>	US
<b>Postal or Zip Code of Mailing Address::</b>	14534
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship::</b>	US
<b>Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Richard
<b>Middle Name::</b>	J.
<b>Family Name::</b>	WHITBOURNE
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Rochester
<b>State or Province of Residence::</b>	NY
<b>Country of Residence::</b>	US
<b>Street of Mailing Address::</b>	2500 E. Avenue, Apt. 8-R

**City of Mailing Address::** Rochester

**State or Province of Mailing Address::** NY

**Country of Mailing Address::** US

**Postal or Zip Code of Mailing Address::** 14610

**Applicant Authority Type::** Inventor

**Primary Citizenship::** US

**Country::** US

**Status::** Full Capacity

**Given Name::** John

**Middle Name::** F.

**Family Name::** LANZAFAME

**Name Suffix::**

**City of Residence::** Rochester

**State or Province of Residence::** NY

**Country of Residence::** US

**Street of Mailing Address::** 453 Hazelwood Terrrace

**City of Mailing Address::** Rochester

**State or Province of Mailing Address::** NY

**Country of Mailing Address::** US

**Postal or Zip Code of Mailing Address::** 14609

**Applicant Authority Type::** Inventor

**Primary Citizenship::** US

**Country::** US

**Status::** Full Capacity

**Given Nam ::** Margaret

**Middle Name::**

**Family Nam ::** LYDON

**Name Suffix::**

**City of Residence ::** N. Chili  
**State or Province of Residence::** NY  
**Country of Residence::** US  
**Street of Mailing Address::** 26 Slate Drive  
**City of Mailing Address::** N. Chili  
**State or Province of Mailing Address::** NY  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing Address::** 14514

**Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 962-4072  
**Fax Number::** (202) 962-8300  
**E-Mail Address::** magollin@venable.com

**Representative Information**

**Representative Customer Number::** 26694

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This application</b>	<b>Continuation-in-part</b>	<b>09/366,193</b>	<b>08/04/99</b>
<b>09/366,193</b>	<b>Continuation of</b>	<b>08/965,393</b>	<b>11/06/97</b>
<b>08/965,393</b>	<b>Non-Provisional of</b>	<b>60/034,045</b>	<b>11/06/96</b>
	<b>Continuation of</b>		

### For ign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee Name::** STS Biopolymers, Inc.  
**Street of Mailing Address::** Post Office Box 349  
336 Summit Point Drive  
**City of Mailing Address::** Henrietta  
**State or Province of Mailing Address::** NY  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing Address::** 14467